

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 183

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jason M. Apolenis

Mailing Address 9125 Kittery Lane

City

Bethesda

State

MD

Zip Code

20817-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : PR8806310016

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard C. Schwartz

Mailing Address 744 High Woods Drive

City

Franklin Lakes

State

NJ

Zip Code

07417-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.58

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : PR8806510016

Amount of Each Receipt this Period

153.86

P/R Deduction (\$76.93 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Milton A. Dugger Jr.

Mailing Address 904 Dartmouth Road

City

Baltimore

State

MD

Zip Code

21212-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	1	4		

Transaction ID : PR88410016

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

503.86

TOTAL This Period (last page this line number only).....▶